

County: Wood

Facility ID: 6130

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NORWOOD HEALTH CENTER CENTRAL
1600 N CHESTNUT AVE

MARSHFIELD 54449 Phone: (715) 384-2188

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/04): 16

Total Licensed Bed Capacity (12/31/04): 16

Number of Residents on 12/31/04: 16

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

County

Skilled

No

No

Yes

16

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		6.3	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		12.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	50.0	More Than 4 Years		81.3	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	31.3			-----	
Respite Care	No	Mental Illness (Other)	100.0	75 - 84	18.8			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	0.0	65 & Over	50.0	-----			
Transportation	No	Cerebrovascular	0.0		-----	RNs		34.0	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		9.4	
Other Services	No	Respiratory	0.0	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	56.3	Aides, & Orderlies			
Mentally Ill	Yes	-----	-----	Female	43.8	82.3			
Provide Day Programming for		100.0	-----		-----	-----			
Developmentally Disabled	No				100.0	-----			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	16	100.0	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	16	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		16	100.0		0	0.0		0	0.0		0	0.0		0	0.0		16	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	0.0	Bathing	56.3	43.8	0.0	16
Private Home/With Home Health	0.0	Dressing	81.3	18.8	0.0	16
Other Nursing Homes	0.0	Transferring	81.3	18.8	0.0	16
Acute Care Hospitals	0.0	Toilet Use	81.3	18.8	0.0	16
Psych. Hosp.-MR/DD Facilities	100.0	Eating	87.5	6.3	6.3	16
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	1	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care	0.0	
Private Home/No Home Health	100.0	Occ/Freq. Incontinent of Bladder	18.8	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	12.5	Receiving Suctioning	0.0	
Other Nursing Homes	0.0			Receiving Ostomy Care	0.0	
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding	6.3	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	62.5	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	0.0	With Pressure Sores	0.0	Have Advance Directives	0.0	
Total Number of Discharges		With Rashes	12.5	Medications		
(Including Deaths)	1			Receiving Psychoactive Drugs	100.0	

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities						

	This Facility	Other Hospital-Based Facilities		All Facilities		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	91.7	1.09	88.8	1.13	
Current Residents from In-County	93.8	85.3	1.10	77.4	1.21	
Admissions from In-County, Still Residing	100.0	14.1	7.11	19.4	5.15	
Admissions/Average Daily Census	6.3	213.7	0.03	146.5	0.04	
Discharges/Average Daily Census	6.3	214.9	0.03	148.0	0.04	
Discharges To Private Residence/Average Daily Census	6.3	119.8	0.05	66.9	0.09	
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11	
Residents Aged 65 and Older	50.0	90.7	0.55	87.9	0.57	
Title 19 (Medicaid) Funded Residents	100.0	66.8	1.50	66.1	1.51	
Private Pay Funded Residents	0.0	22.6	0.00	20.6	0.00	
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00	
Mentally Ill Residents	100.0	32.7	3.06	33.6	2.98	
General Medical Service Residents	0.0	22.0	0.00	21.1	0.00	
Impaired ADL (Mean)*	15.0	49.1	0.31	49.4	0.30	
Psychological Problems	100.0	53.5	1.87	57.7	1.73	
Nursing Care Required (Mean)*	10.2	7.4	1.37	7.4	1.37	